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The Fortnightly

REVIEW

OF THE CHICAGO DENTAL SOCIETY

December 15, 1948

Volume 16 • Number 12



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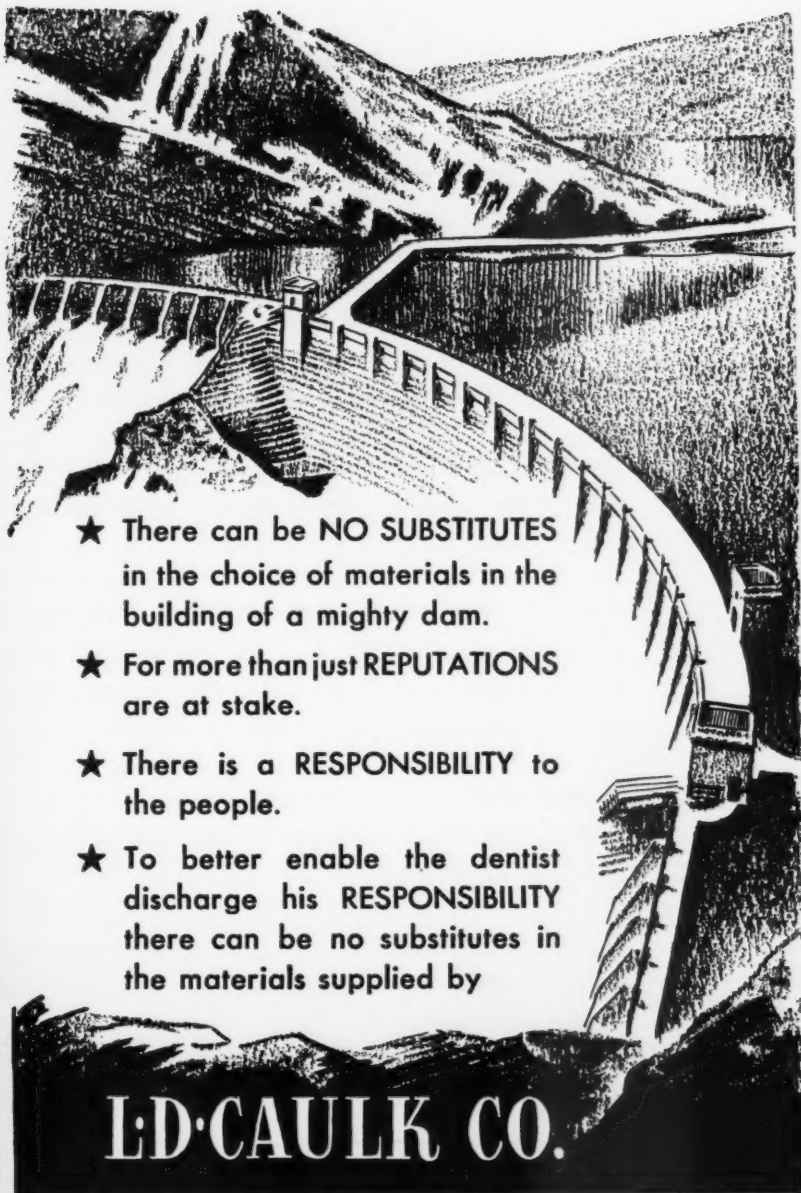
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THE CALENDAR

- December 21:** CHICAGO DENTAL SOCIETY: Regular Monthly Meeting in the GRAND BALLROOM of the Stevens Hotel at 8 p.m. Dr. Marjorie Shearon of Washington, D. C., will speak on "Social Security Dentistry in a Program of National Compulsion."
- January 4:** KENWOOD-HYDE PARK BRANCH: Regular meeting. Dr. George Teuscher will discuss "Children's Dentistry for the Practitioner."
- January 4:** WEST SIDE BRANCH: Regular Forum meeting.
- January 4:** WEST SUBURBAN BRANCH: Regular meeting at Oak Park Club. After the meeting there will be a sound movie "Wheels Across India."
- January 11:** WEST SIDE BRANCH: Regular meeting at Midwest Athletic Club with Dr. O. W. Silberhorn as the pre-dinner speaker and in the evening Dr. B. Placek will explain how to make perfect inlays.
- January 11:** NORTHWEST SIDE BRANCH: Regular meeting at North Park College, Kedzie and Foster Avenue, at 8:30 p.m. Subject: Dental Health Education.
- January 22:** NORTH SIDE BRANCH: Ladies' Night at the Edgewater Beach Hotel at 6 p.m. For reservations call Philip Schoen, ROgers Park 4-2370.
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February 7-10, 1949: CHICAGO DENTAL SOCIETY: Eighty-fourth Midwinter Meeting at Stevens Hotel.

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Contributions: Manuscripts should be typewritten, double spaced, and the original copy should be submitted. Every effort will be made to return unused manuscripts, if request is made, but no responsibility can be accepted for failure to do so. Anonymous communications will receive no consideration whatever.

Manuscripts and news items of interest to the membership of the Society are solicited.

Forms close on the first and fifteenth of each month. The early submission of material will insure more consideration for publication.

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By Frederick T. Barich .

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The Fortnightly **REVIEW** *of*

THE CHICAGO DENTAL SOCIETY

December 15, 1948

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Imposing Group of Essayists Tops Midwinter Card

Chicago Classic Attracts Country's Best Talent

The success of the 1949 Midwinter Meeting of the Chicago Dental Society seems assured. Item 1: A sufficient number of essayists and clinicians have responded to invitations to appear to guarantee a full program. Item 2: A renewal of interest in the Prize Essay contest has been manifested and a number of papers have been accepted for consideration by the Committee. Item 3: Advance hotel reservations are coming in at such a rate as to make it appear that previous attendance records are in jeopardy. Item 4: All exhibit space has been contracted for by the dental dealers and manufacturers. (In fact, many applications have had to be turned down.) Item 5: The Scientific Exhibit will be new and different, as well as bigger and better.

CONVENTION HIGHLIGHTS

Limited Attendance Clinics, General Clinics, Question and Answer Periods and Motion Pictures will vie with the Essay Program for first place in popularity. As usual, the Oral Surgery and Full Denture Sections are expected to be the best drawing cards, with Practice Management running a close third. Two General Sessions are booked, the first one to present Mr. Henry J. Taylor, a well-known radio commentator, and the second, the winner of the Prize Essay competition. Inasmuch as the details of

the program will be published in the January 15 issue of this magazine, which will carry the Preliminary Program, only some of the highlights will be divulged here.

ORAL SURGERY AND FULL DENTURES

Dr. Paul S. Rhoads of Chicago, a physician of note, will discuss "Bacteremia Following Tooth Extraction: Prevention with Penicillin and 3,4-Dimethyl-5-Sulfanilamide-Isoxazole" in the Oral Surgery Section. Dr. Rhoads has been doing research work in these problems for the past decade and is well qualified to present them to a dental audience. "Diagnosis of Oral Lesions" is the subject assigned to Dr. H. B. G. Robinson of Ohio State University Dental School. Dr. Robinson is best known as editor of the *Journal of Dental Research*.

Dr. Henry Glupker of Chicago, former head of the department of prosthetics at Chicago College of Dental Surgery, is one of the speakers in the Full Denture Section along with Drs. John B. LaDue and Frank C. Hughes, the latter from the University of Indiana School of Dentistry. Dr. Glupker recently developed a new technic for taking mandibular impressions, but his subject "The Rehabilitation of Edentulous Patients" is an overall approach to full denture

construction. Dr. LaDue's ability as an essayist and clinician is known the country over. His contribution to this field of dentistry cannot be overestimated. His discussion will deal with "Esthetics and Occlusion." Dr. Hughes will discuss "Complete Professional Prosthetic Denture Service."

RESEARCH AND OPERATIVE DENTISTRY

In the Research Section those two scientific minded Chicagoans, Drs. John R. Thompson and Harry Sicher, will collaborate on "Normal and Abnormal Anatomy and Function of the Temporo-Mandibular Articulation." Dr. Sicher will consider the functional anatomy of the part, and Dr. Thompson the functional pathology. "A Quantitative Method of Evaluating General Disease in Large Population Groups" is the subject assigned to Drs. Isaac Schour and Maury Massler. Their presentation is always informative and interesting. A symposium on the "Present Status of Fluoride Therapy" will be included in this Section also.

In the Operative Dentistry Section, Dr. John R. Spence of the faculty of the University of Illinois College of Dentistry will read a paper on "Evaluation of Recent Developments in Clinical Operative Dentistry." Dr. E. Carl Miller of Cleveland will discuss the "Modern Silver Amalgam Alloys and Their Manipulation."

PERIODONTIA AND ORTHODONTIA

"General Principles in Periodontal Treatment" is the subject chosen by Dr. Edgar James of Detroit for presentation before the Periodontia Section. Our own Dr. Edgar D. Coolidge will discuss "Etiology, Diagnosis and Treatment of Chronic Periodontal Diseases." Both of these essayists have had a world of experience and are sure to clear up many misconceptions in periodontal treatment procedure. In the Orthodontia Section, again it is men of vast experience who have consented to appear as essayists. Dr. Charles R. Baker, the dean of Evanston orthodontists, will discuss "The Ad-

visability of Orthodontic Treatment in Deciduous and Mixed Dentitions." Dr. L. B. Higley of the University of Iowa College of Dentistry will also participate in this Section. His subject will be "How the Dentist Can Assist His Patient in Obtaining So-Called Normal Occlusion."

OTHER SECTIONS

Some outstanding men have been secured for the Practice Management Section as well. From nearby Milwaukee will come Dr. Joseph B. Buchholtz with his "Management of a Dental Office." Dr. Reuben Albinson of Minneapolis and Dr. Alfred J. Peetz of Madison will also give their ideas on the successful management of a practice.

Children's Dentistry will be represented by Drs. Corvine F. Stine of Evanston, Walter T. McFall of Asheville, without whom no program on children's dentistry would be complete, and B. O. A. Thomas of the University of Washington School of Dentistry. The subjects range from "Building a Practice in Children's Dentistry" to "Periodontal Aspect in Dentistry for Children."

Last, but by no means least, comes the Section on Partial Denture and Crown and Bridge. Here the search for talent has reached to the West Coast. Dr. Alvin Selberg of San Francisco will offer helpful suggestions on "Cast Gold Veneer Crowns" and Dr. Claude R. Baker of the University of Washington School of Dentistry will discuss "Porcelain Condensation and Pontics." Dr. Kenneth Bignell of Chicago will present his best selling number "Use of Hydrocolloid Impression Material in Inlay and Crown and Bridgework." Wherever he has appeared on a dental society program Dr. Bignell has been acclaimed as a fine clinician.

These, then, are some of the highlights of the coming meeting, but be sure not to miss the Preliminary Program on January 15, and make your selection of Limited Attendance Clinics early. If you wait until the opening day of the meeting, many clinics that you would like to attend will be sold out.

The Roentgen Ray in Operative Dentistry*

By Lee Roy Main, D.D.S., St. Louis, Missouri

Great strides are being made in every phase of dentistry. There are several causes for this advancement, and one of the most important is the use of the roentgen ray.

As an aid in diagnosis, information revealed by the intelligent use of this valuable adjunct is unparalleled. Perhaps, aside from the introduction of anesthesia into the fields of medicine and dentistry, the roentgen ray has been the greatest factor for improvement and advancement of dental service. The incomparable light shed by these rays upon every division of dental practice ranks the x-ray machine as one of the greatest blessings to mankind. In operative dentistry, its contribution to diagnosis, to prognosis, and to treatment planning is of inestimable value.

Originally operative dentistry included practically every type of work done at the chair. Shortly after the turn of the present century, G. V. Black gave the profession information about cavity preparation which revolutionized the thinking of progressive men, and operative dentistry was gradually placed on a higher plane. In 1910, William Hunter of England called attention to what he called the septic condition which developed under American dentistry and dental focal infection was recognized as a factor in ill health. About this time and shortly thereafter, the roentgen ray began to be used as an aid in dental diagnosis, and operative dentistry then required unusual exactions in every phase in order to preserve the natural teeth and to avoid the pitfalls which frequently followed in the train of promiscuous devitalization of dental pulps.

The roentgen ray revealed many unsuspected disturbances which greatly influenced operative procedures, especially emphasizing the danger of focal infec-

tion. Many changes in operative dentistry resulted from this information, especially the status of the pulpless tooth. Restorations which caused pulp involvement were frowned upon and a more conservative attitude toward dental structures resulted. About thirty years ago, the roentgen ray was used principally to discover periapical destruction, the location of impactions and evidences of gross pathology. Refinement of technics used in making roentgenograms and a better appreciation of the findings added materially to the value of the roentgenogram in the field of operative dentistry, until today the minutest detail of bone and tooth structure changes can be recorded. This additional information only emphasizes the importance of this adjunct as an aid to a successful practice.

BITEWING FILMS

Operative dentistry now deals mainly with the conservation of the teeth which have been altered as a result of caries or by trauma and it is advisable and usually necessary to make a thorough roentgenographic inspection of all the teeth as a step toward prevention in dentistry. The usual dental disturbances can be disclosed in their incipency if we use the roentgen ray intelligently. We now believe that, by using the bitewing film in routine examinations, we are rendering a service to our patients. New methods and new technics are occasionally not readily accepted by the profession, as is evidenced by the following, and I quote from a paper presented to this Society in 1926 by one of the really great men in dentistry. I refer to C. Edmond Kells. (Jrl. of the A.D.A., June 1926, p. 700.) He said, and I quote: "Recently Dr. Howard R. Raper brought out a new style of film packet—the bitewing packet it is called—for which he has great expectations. It is designed principally for

*Read before the 1948 Midwinter Meeting of the Chicago Dental Society.

the purpose of detecting cavities in the teeth, but I believe that, if an operator cannot find cavities in the crowns of teeth without the use of the ray, what he needs is a competent dental assistant to make his examinations for him, and not a roentgen ray machine." I am certain Dr. Kells recognized the value of the bitewing film after he became acquainted with its uses.

The bitewing film, while designed primarily as a means of revealing caries in its incipency, can be used to advantage for securing other information. As a means of establishing the correct relationship between primary and secondary dentition, the bitewing film is of great value. Also in many instances for a careful study of periodontal destruction. It is the most reliable way of locating the exact position of the pulp chamber in the posterior teeth, and the value of this information in advance of any operative procedure is recognized by all. In no department of dentistry is roentgenographic information more valuable as a guide than in operative work. It not only reveals the position of the pulps, but it also discloses the amount of protection a pulp may have from becoming involved by caries or by becoming traumatized by placing a restoration in too close proximity.

PULP RECESSION

Pulp recession is not uniform in all the teeth of an individual. When the recession is marked in certain teeth, such teeth can be restored more satisfactorily should they become carious, or if such teeth are to be prepared for attachments for stabilizing prosthetic appliances. This condition presents a more favorable prognosis, and it can be ascertained in advance. The roentgen ray also indicates the length, number and position of the roots of the teeth under consideration.

The reliability of x-ray information as an aid in dental practice has stood the test of more than thirty years of observation and is, of course, accepted as a fact no longer to be established. I wonder, however, if we are using this valu-

able adjunct to the limit of its possibilities. There was a time when only gross involvements were expected to be revealed. As better technics were developed, further research effort expended, and better processing of films advanced, it was found that the minutest details and definition of the structures could be revealed and restorative dentistry reflected this additional information through better service to the public. There is, however, room for further improvement if we are brave enough to make postoperative check-ups of our restorations. We expect the exodontist to use a postoperative check with the roentgen ray after the removal of a difficult impaction to be certain that nothing remains to interfere with immediate bone repair. We expect the surgeon to check-up on his effort to reduce a fractured bone to be certain that the fragments are in reasonable apposition. In several phases of operative dentistry a similar check-up would insure permanency to our work. In some of our dental schools, such postoperative check-ups on clinical dentistry are done routinely. Not only can bad margins be corrected, but poor contact points can be strengthened. The immediate correction of such conditions preserves the periodontal structures and is a step towards the elimination of oral sepsis.

THREEFOLD PURPOSE

Operations upon the teeth are done with a threefold purpose in mind: first, to insure better health conditions, both locally and systemically; second, for the preservation of the teeth themselves; and third, for the esthetic contribution made to the patient through good dentistry. To a degree, personalities are changed through poor dental care, and likewise good dental treatment enhances facial expressions and contributes favorably toward success in life.

Such dental care is based, among other things, upon a thorough diagnosis and a thorough diagnosis cannot be made apart from roentgen information. The x-ray picture does not give all the information

(Continued on page 26)

A Consideration of Some of the Essential and Fundamental Factors Involved in the Fixed Bridge*

By Max Kornfeld, D.D.S., St. Louis, Missouri

A consideration of the many phases of fixed bridgework as we see it today demands of the dentist most exacting attention to the biological, physiological, mechanical and esthetic phases of construction. The fixed bridge, when indicated, properly planned and skillfully constructed, affords a health and preventive service that is not comparable to any other type of replacement.

By the biological requirement we mean the condition of the abutment teeth, the pulps of these teeth, the hard and soft investing tissues, and the design of the appliance in order to be conducive to the health of those tissues; and by the physiological requirement we mean that the appliance should be constructed with those anatomical details characteristic of natural teeth in order to restore lost efficiency which includes functional occlusion. The oral cavity must be considered as a whole, a tooth "being an integral part of a highly organized mechanism which in the ideal functions harmoniously and physiologically."

In considering some of the factors that determine the success or failure of retainers on vital teeth with reference to dislodgment, etc., we must diagnose our cases thoroughly, making use of radiographs, study casts and other adjuncts at our command, especially studying the stresses of occlusion, keeping in mind the fact that vertical stresses need not greatly concern us because these stresses are more favorable due to the histological structure of the periodontal membrane. But the lateral stresses present a different problem and must be kept within biological limits. We must also consider the alignment of the abut-

ment teeth, the physical aspect of the tooth itself as to size and shape of the crown, the ratio of the bone support to the length of the tooth, and the structure of the supporting bone such as thickness, pattern and density.

To meet the stress of occlusion do we prepare steps, etc., at right angles to the applied force? Likewise, in deciding on our retainers do we determine the type to be used by the fact that a more tense frictional grip is secured in a long, well formed tooth than in a short bell-shaped crown? Another factor in dislodging retainers is our failure to re-establish normal occlusion, thereby subjecting the retainers to an abnormal stress or strain. A study of occluding surfaces shows abutment teeth in abnormal occlusion many times and it has been pointed out that a pathologic occlusion may oftentimes be prevented, or in early life corrected by orthodontic treatment; or in later life by scientific grinding of tooth surfaces, while late in adult life occlusal reconstruction may be required.

SUMMARY OF REQUIREMENTS

At this time, before considering the technical phases of construction, we can summarize the chief requirements for the success of the fixed bridge as put forth by Davis:

(1) A thorough examination, which must include the proper selection of the most desirable type or method of replacing lost teeth;

(2) A favorable occlusion or a condition in which this important factor can be obtained;

(3) Careful selection and designing of practical retainers;

(4) Incorporating into the restoration

*Read before the 1948 Midwinter Meeting of the Chicago Dental Society.

those anatomical details characteristic of natural teeth;

(5) Adequate consideration of the biological factor, the physiological requirements, as well as the mechanical and esthetic factors, in order that our appliances conform to the laws of nature, which we know to be unchangeable.

The broken stress or semi-fixed bridge should only be considered when complete fixation of the abutment teeth may prove hazardous, because an attempt to parallel a badly tipped abutment tooth with one in normal position will often result in loss of retention and dangerously deep preparations. This condition frequently occurs in the replacement of the lower first molar as we usually find the second molar inclined mesially and lingually, but whenever we must use this principle it must be executed with precision because it should only be used as a means of convenience of positioning the bridge with the least amount of tooth destruction.

A non-rigid joint may also be used in those conditions where one of the abutment teeth has greater mobility than the other, but the coupling of a second sound abutment tooth approximating the weaker abutment would be much better clinical judgment.

It is sound practice to remove all old fillings and cement bases. Experience has shown, in a high percentage of cases, that the above mentioned operation is justified because of conditions found under these circumstances, and therefore it is highly desirable that the retainers be placed on teeth which we know to be absolutely free of caries and that every effort has been put forth to preserve the pulp in a normal healthy condition.

RETENTION

It has been wisely said "that abutment preparations employing complicated designs which increase the cavo-surface length, which in turn increases the hazard of poor margins, should be avoided." The extent and depth of an abutment

cavity should be carefully determined in relation to the pulp, and only sufficient tooth substance should be sacrificed to obtain adequate retention, resistance, strength and outline form. It is not necessary to cut cavities very deep, especially since experience has taught us that parallel walls, the judicious use of pits, wells or pin anchorage, and the proper selection of the gold alloy will give adequate retention. Of course the amount of retention and strength required in a retainer varies with and under different conditions. The degree of torque and strain to which a retainer will be subjected depends upon the length of the span, the occlusion, mobility of abutment teeth, the musculature of the individual, etc. Retainers should be self retentive as the function of cement is to hermetically seal it to the prepared tooth. Whenever possible, it is advantageous to lay the peripheral margins on sound enamel with a definite abrupt bevel and slightly above the gingival margin, as it not only facilitates accurate marginal adaptation of the gold but prevents gingival tissue irritation.

ABUTMENT PREPARATION

The types of abutment preparations include the inlay type and its various modifications, the overlay or veneer type, and a combination of the two. The typical M.O. or D.O. inlays as retainers, unless taking advantage of additional retention such as the Hoffer tripod principle, the Knapp slice-lock or the methods advocated by Kyprie, will usually end in failure. The M.O.D. offers greater possibilities depending on the degree of occlusal spread and the length of the axial walls.

The veneer type which is represented by the three quarter crown is used extensively as a fixed bridge retainer on anterior and posterior teeth but unless the square type of tooth in the anterior region and a bicuspid or molar of sufficient length is used, not taking into consideration secondary retention such as dowels or locked grooves, this type of

retainer is doomed to failure.

The three quarter crown, in carefully selected cases and avoiding extensively decayed teeth that do not permit the laying of retentive grooves in sound dentin, offers maximum retention with a minimum sacrifice of tooth structure, and its retention depends upon the staple formed by the mesial and distal converging grooves which are laid just beneath the labial plate of the enamel and extend well toward the cemento-enamel junction to give a firm lock about the cingulum. It is necessary, in this type of retainer, to have a sufficient thickness of metal at the linguo-incisal portion of the tooth and to avoid too tapering a preparation and a too soft gold alloy.

PINLEDGE

As to the pinledge, the type in which the dowels are cast instead of using metal wire is the one of preference. The dowel holes must be slightly larger so as to be able to get a good impression of the walls, but the retention is much greater and the wells need not be as deep. One must be cautious in its preparation because of possible pulp involvement but this type of retention is one of the best mechanical retentive forces that we have for use in the mouth. Selberg's modification of using two dowel wells, one at the junction of the enamel and dentin near the incisal, and the other in the cingulum area and a proximal box or locked groove will offer a tremendous amount of resistance to displacement.

The full gold veneer crown fulfils all the mechanical requirements but is only indicated in the posterior part of the mouth because of esthetic reasons. It is the most retentive of all the retainers that we have at our command, and its preparation calls for the sacrifice of little or no dentin, it does not impinge on the gingival tissues because of its finishing line construction, and should be used in cases of extremely short or extensively decayed teeth and in those cases where gingival decay is prevalent. On bell-shaped teeth, the buccal and lingual

margins need only extend slightly below the height of contour and the preparation should not be made too conical so that the finished crown will have adequate retention.

The half crown, which is a proximal veneer gold crown with grooves on the buccal and lingual instead of on the mesial and distal, can oftentimes be used to advantage as shown by Donald Smith, especially in replacing a lost first or second molar. Where the abutment teeth are tipped or it is not advisable to extend the cavity into the distal aspect of the tooth, the grooves can be positioned in a direction parallel with the anterior abutment, and this type of preparation allows for the restoration of the mesial cusps of the tipped molar to the established occlusal plane thereby also restoring functional occlusion.

PORCELAIN VENEER CROWN

The porcelain veneer crown has an important place in modern fixed bridge-work construction as a retainer. It fulfills all mechanical and esthetic requirements not only in the anterior part of the mouth but also in the posterior region, especially in cases of badly discolored, broken-down and extensively decayed teeth. There are various methods of constructing this type of crown. It may be constructed by using a long pin facing or a facing ground from a vulcanite tooth following the technic advocated by Andes or by baking the facing using two 24-gauge platinum threaded pins for retention. This last method allows for easy repair in case of breakage, as a new facing may be baked ready for insertion if the original die and shade is retained.

There are many other preparation possibilities depending on one's ingenuity and ability, but let us sum up this phase in the words of E. R. Hart: "An ideal attachment is one that requires the least amount of destruction to the abutment tooth, one that least destroys the outline form of the tooth, one that can be finished about its periphery with the

same accuracy as a gold inlay or a jacket crown, one that will be so rigid that it will withstand the requisite load without distortion and have frictional adaptation, one that least destroys the cervical marginal ridge, one whose preparation can be made without trauma to the pulp or surrounding tissues, one that is an accurate complement to the lost tooth structure, and one that fulfills the requirements of esthetics."

The abutment preparations should always be protected between sittings by means of temporary inlays or crowns constructed from a low fusing alloy, and these are used to maintain the proper mesio-distal relation, prevent sensitive cavities, maintain proper relation of occluding teeth, and prevent chipping of delicate margins. These temporary restorations, which also include aluminum shells and celluloid forms, are cemented with a zinc oxide-eugenol mixture which gives an antiseptic and anodyne effect.

PONTICS

If one thing is needed in a fixed bridge, it is a conservative estimate of the requirements of the pontic. The first consideration in designing a pontic is strength, the second is anatomic form that will function in mastication such as defined occlusal markings, etc., and provide surfaces easily swept by the brush, and the third is esthetics. We must keep in mind that the most ideal time to insert a fixed appliance is when the ridge between the abutment teeth has reached its normal contour and before the approximating or opposing teeth have changed positions, and during this healing process a temporary removable appliance can be worn by the patient.

At the present time we do not have available a good selection of pontics, but the long pin facing with a porcelain tip, keeping in mind that the type of pontic which has glazed porcelain in contact with the tissue is the most ideal because it seems to be more conducive to the maintenance of the health of the tissue, serves fairly well in a majority of cases

as its shape can be altered without materially affecting its strength and appearance and it also incorporates all the fundamental requirements aforementioned. Donald Smith has called our attention to the hollow-grinding principle which greatly reduces facing fracture because "these failures are usually due to stresses of mastication being carried indirectly through an inadequate gold reinforcement which is insufficiently rigid to resist bending." In those cases where lack of vertical space rules out the porcelain tipped pontic, a buccal recess may be carved in the wax pontic and a porcelain or acrylic veneer inserted after the wax pontic is cast of gold.

Pontics should be made slightly smaller through the bucco-lingual dimension and narrow in its lingual half; this widens the lingual embrasures from the contact areas. The pontic tapers until the porcelain contacts the mucosa and the area of the tissue contacting surface should be a minimum consistent with function and esthetics. In the anterior part of the mouth the interproximal exaggeration cannot be carried out as much as in the posterior regions.

SOLDERING

In the assemblage of cases for soldering one must keep in mind that, to facilitate soldering and reduce to a minimum the chances of distortion in the act of heating and soldering, the mass of investment material should be no larger than necessary to hold the parts together. The wax is removed with a stream of hot water and while still hot flushed with chloroform through a dropper. The heat agitation of the chloroform will throw out and dissipate all traces of wax and grease and will permit the liquid flux to flow to all points where solder is required. The area for soldered contact with the pontic should provide a means for obtaining the maximum of soldered strength with a minimum of solder. Oftentimes the pontics may be cast in one piece thus cutting down the

(Continued on page 23)

NEWS AND ANNOUNCEMENTS

NOVEMBER MEETING STIRS INTEREST

The November Monthly Meeting of the Chicago Dental Society was attended by some three hundred members and guests. They listened with keen interest to Dr. LeRoy M. Ennis of Philadelphia whose subject, "Interpretation of Roentgenograms of Interest to the General Practitioner," was treated with the skill of the accomplished lecturer. Dr. Ennis was both entertaining and instructive in his presentation and showed slides of unusual abnormalities which are seen only once in a lifetime, as well as the more common lesions that are seen in everyday practice. His interpretations made clear many hitherto puzzling phenomena.

UNIVERSITY OF TORONTO COURSES IN PERIODONTIA

The Faculty of Dentistry, University of Toronto, has scheduled two continuation courses in Periodontia for dental graduates. The first course will commence January 5, 1949, and the second course May 3, 1949. These courses are designed to furnish continuous educational opportunities to graduates in order that skilled practitioners may obtain additional training as occasion demands.

The courses will be under the direction of Drs. H. K. Box and C. H. M. Williams. The topics to be reviewed include a general consideration of the nature of periodontal disease, examination and case management, pocket therapy, oxygen therapy, metabolic influences on the periodontium, significance of occlusal equilibration, gingival recession, pocket surgery, and application of principles of periodontal practice to operative and prosthetic procedure.

Those interested are asked to inquire immediately respecting enrollment in

these classes as only a few vacancies remain. Address inquiries to: The Dean, Faculty of Dentistry, University of Toronto, 230 College Street, Toronto 2B, Ontario.

POSTGRADUATE COURSE IN CARIES CONTROL

The University of Illinois College of Dentistry is offering a postgraduate course in "Recent Advances in Caries Control" on February 11-12, 1949. The course will follow immediately after the Midwinter Meeting of the Chicago Dental Society and will be directed by Dr. Robert G. Kesel.

The faculty for the course and their subjects follow:

Dr. Kesel, "Histopathology and Etiology of Caries" and "Antibacterial Agents in Caries Control"; Dr. Phillip Jay of the University of Michigan, "Bacteriological and Nutritional Aspects of Caries"; Dr. Leonard Fosdick of Northwestern University, "Biochemical Aspects of Dental Caries and the Use of Enzyme Inhibitors in Controlling Caries."

Dr. Isaac Schour of the University of Illinois, "Fluorides and Dental Caries"; Dr. Allan Gruebbel of the American Dental Association, "Dental Caries as a Public Health Problem"; and Dr. Douglas W. Kerr of the University of Illinois, "Oral Hygiene and Dental Caries."

Dr. J. R. Blayney of Zoller Clinic of the University of Chicago will join those speakers for a round table discussion at the closing session on Saturday morning.

Enrollment in the course is limited. Registration may be made by writing to Dr. Isaac Schour, University of Illinois College of Dentistry, 808 S. Wood Street, Chicago 12, Illinois. The course will be offered under the provisions of the G. I. Bill of Rights, but is open to non-veterans as well.

REVISED DENTAL FEE SCHEDULE ILLINOIS PUBLIC ASSISTANCE PROGRAMS

Representatives of the Illinois State Dental Society and the Illinois Public Aid Commission have agreed on increases in the dental fee schedule for care given to public assistance recipients. The revised schedule appeared in the October 1948 issue of the Illinois Dental Journal and is reprinted here by request of the Cook County Bureau of Public Welfare of which Joseph L. Moss is Director.

The Illinois Public Aid Commission supervises the administration of General Relief in the local relief units that receive state funds for relief purposes. In connection with this supervision, the Commission approves medical and dental fee schedules for the local units. Administration of public assistance in the Old Age Pension, Blind Assistance and Aid to Dependent Children programs in Cook County is the responsibility of the Cook County Bureau of Public Welfare.

The following cost standards establish a maximum beyond which an allowance for dental service cannot be approved. It is essential that the County Superintendent determine whether customary charges in a community are less than this maximum. If so, the dentist shall follow his usual fee schedule rather than charging the maximum.

Operative Dentistry

Emergency treatment for relief of pain	\$ 2.00
Fillings	
Copper cement	2.00
Amalgam	
One surface	3.00
Two surfaces	5.00
Three or more surfaces	7.00
Synthetic porcelain	3.00
Re-cement inlay or crown	2.00
Re-cement bridge	3.00
Prophylaxis ¹	
First treatment	3.00
Additional treatments	2.00
Total ²	5.00

X-Rays

Single film	1.00
Subsequent films50
Full mouth series	5.00

Minor Surgery

Anesthesia, general, in office	2.00
(No charge for local)	
Extraction, simple	
First	3.00
Additional	2.00
Total	30.00
Impacted tooth ³	Individualized
Post-operative treatment ⁴	2.00

Prosthetic Dentistry

Bridgework, per unit ³	15.00
Repair of vulcanite dentures	
Vulcanizing charge	5.00
Replacing tooth, each, plus vulcanizing	1.00
Adding teeth, each, plus vulcanizing	5.00
Acrylic Dentures	
Full upper or lower	45.00
Partial upper or lower	45.00
Wire clasps, each	5.00
Repair of Acrylic Dentures	
Processing	8.00
Replacing tooth, each, plus processing	1.00
Adding tooth, each, plus processing	5.00
Rebasing, including processing ..	18.00
Duplicating, including processing.	25.00

Consultation or Examination

(Only when an allowance for care is not approved)	2.00
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Emergency Care in Home (for home-bound patients)

(Only one treatment without prior approval)	3.00
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1. Prophylaxis, or cleaning and polishing of teeth shall be approved only when required for reasons of general dental health.

2. In unusual situations, the County Dental Advisory Committee may approve a higher total fee.

3. An allowance for this dental service requires review by the County Dental Advisory Committee.

4. Charges for more than one treatment require review by the County Dental Advisory Committee.

Dr. William J. Serritella, Chairman of the Society's Dental Advisory Committee to the Department of Welfare of the City of Chicago, recently announced that that agency has also approved and adopted the same fee schedule.

MEDICAL RESERVE ACTIVITIES

A commission in the Officers' Reserve Corps is not terminated by an appointment or Federal recognition in the National Guard of a state. Appointments in the Organized Reserve Corps are automatically terminated only if officer accepts appointment in the National Guard of the United States as issued by the Department of the Army.

It is the responsibility of each Reserve Officer to notify his Unit Instructor Senior Army Instructor, ORC on W. D. A. G. O. Form 603 (Change of Address and Status Report, ORC) of any change in status affecting his Reserve status. Upon receipt of 603 immediate action will be taken to expedite instructions and information submitted.

Packets of instructional material prepared by the Department of the Army are available to members of the National Guard, ORC and ROTC, through book department sales located at Camp Lee, Virginia; Command and General Staff College, Fort Leavenworth, Kansas; the Ground General School, Fort Riley, Kansas; and Medical Field Service School, Fort Sam Houston, Texas. A certification by Unit Instructor is required for "Restricted Materials," and direct correspondence to book departments for unclassified materials is permitted.

The Bulletin of the U. S. Army Medical Department contains original articles, reviews, news and abstracts of interest to all members of the Medical Department regardless of status. In order to receive this monthly publication, reservist should write: The Surgeon General's Office, attention: Editor of the Bulletin, Room 2 D-463, The Pentagon, Washington 25, D. C.

The United States Army Dental Department has available to civilian professional dental personnel, on a loan basis, many interesting films, such as "Dental Health" (24 minutes), "Personal Hygiene" (36 minutes), and many others. For additional information, please

contact your Medical Instructors. The Dental Surgeon of Fifth Army is final approving authority for the use of military film to the dental profession and allied scientific groups.

Medical institutions of the Chicago Area are cooperating with the Department of the Army's Affiliation Program to a great degree. The primary purpose of this plan is to build efficient service units of the Organized Reserve Corps by utilizing the best technical and industrial skills of America. The goal is the creation of sufficient units of this nature to support the Nation's initial mobilization objective. At the present time four such type units are quite active: (1) 427th General Hospital, 1000-bed, sponsored by the College of Medicine, University of Illinois. (2) 108th General Hospital, 1000-bed, sponsored by the Stritch School of Medicine, Loyola University. (3) 297th General Hospital, 1000-bed, sponsored by Cook County Hospital. (4) 16th Evacuation Hospital, 750-bed, sponsored by Michael Reese Hospital. Medical personnel, regardless of present status, who are interested in assignment to one of the aforementioned units should contact Organization Commanders or Medical Instructors, ORC.

VETERANS ADMINISTRATION DENTAL SERVICE

The Veterans Administration announces that its current dental work backlog is the lowest in two years. During the three months ending September 30, the agency's dental work-load was pared from 291,051 to 229,541, a reduction of 21 percent. Private dentists handled 88 percent of the dental treatment cases and more than 50 percent of the examinations during the three-month period. They completed 132,843 dental cases for which they received \$10,786,548. In Illinois alone over 9,500 examination cases were completed by private dentists for a total cost of \$132,185 and some 6,986 treatment cases were completed for a total of \$681,415.

CLEVELAND DENTAL SOCIETY ANNUAL HEALTH DAY

The Cleveland Dental Society announces its Ninth Annual Children's Dental Health Day, February 7, 1949, at the Hôtel Hollenden in Cleveland. The program will be preceded by a special function for the laity on Sunday, February 6, at which Dr. John W. Knutson, U. S. Public Health Service, will be the speaker.

The morning session will consist of table clinics by graduate and undergraduate students of ten universities scheduled from 9:00 to 10:30 a.m., followed by two essays, one at 10:30 and the other at 11:15. Dr. Eugene North, School of Dentistry, University of Buffalo, will speak on the subject "How To Enjoy Your Child Patients," and Dr. Ralph W. Phillips, School of Dentistry, Indiana University, will present a paper entitled "Management of Filling Materials Used in Children's Dentistry." From 2:00 to 5:00 p.m. there will be two sessions of Limited Attendance Clinics followed by a Round Table Cocktail Clinic at 5 o'clock. The dinner speaker will be Dr. Helmut Zander of Tufts College Dental School, and his subject "The Relationship of the Primary and Permanent Pulp to Restorative Dentistry."

SEEK TO COMMISSION WOMEN DENTAL OFFICERS

According to Washington news reports, the Army Surgeon General's Office will ask the new Congress for authority to commission women officers in the dental, medical, veterinary and medical service corps. The Navy already is commissioning women regulars in all branches of its medical department and has set a quota of two women dental officers for this year and additional quotas for 1949 and 1950. Despite recent recruiting campaigns, the shortage of dentists and physicians in the armed forces is growing worse. In fact, the situation is so bad that new orders require that recruits and inductees must have at least 16 natural teeth, which shall include 4 upper ante-

rior, 4 upper posterior, 4 lower anterior and 4 lower posterior teeth in satisfactory opposition. Previously, even edentulous recruits and inductees were accepted for Army service.

HEALTH INSURANCE PLANS GET A BOOST

Some sort of federal compulsory health insurance will be enacted by the new Congress, according to Washington news reports. The President has already made it plain that he favors the passage of legislation similar to that which was advocated in the Wagner-Murray-Dingell bill. He undoubtedly will reappoint his present chief of the Federal Security Administration, Oscar R. Ewing, author of the 10-year health plan, and give him cabinet status.

DR. MAURICE S. SCHOENBROD 1875-1948

Dr. Maurice S. Schoenbrod, a member of the North Side Branch of the Chicago Dental Society, died November 13, 1948. He had an office for many years at 17 N. State Street before moving to 25 E. Washington Street, where he was practicing at the time of his passing.

Dr. Schoenbrod was graduated from Northwestern University Dental School in 1900 and joined the Chicago Dental Society in 1909. He is survived by his widow, Alta; a son, Leslie; and a daughter, Mrs. Gladys E. Shoen.

DR. MARTIN R. LINDAAS 1885-1948

Dr. Martin R. Lindaas, a member of the Northwest Side Branch of the Chicago Dental Society, passed away on November 14, 1948. He practiced at 3225 Lawrence Avenue.

Dr. Lindaas was graduated from the Chicago College of Dental Surgery, Class of 1914, and had been a member of the Chicago Dental Society for thirty-one years. He is survived by his widow, Minnie; a son, Donald W.; and a daughter, Sylvia.

QUOTATIONS AND ABSTRACTS

CURARE IN ANESTHESIA

Intratracheal anesthesia with curare as an adjunct is discussed. The author hesitates to explain that this type of anesthesia should not be used to replace all other methods of anesthesia. Ether still remains the top anesthetic agent, while the spinal method is still the best for surgery of the lower abdomen, pelvic, perineum, and lower extremities. However, the use of curare offers a technic applicable to the below-average or poor risk patient.

The method used is as follows. The throat is sprayed with a local anesthetic agent to overcome the danger of laryngospasm during induction and annuls the stimulating effect of the intratracheal tube upon passage through the glottis. A 2½% solution of pentothal sodium is administered by the slow intravenous method until the lid reflex is absent. Forty or sixty units of Intocostrin (curare) are then administered intravenously. Relaxation of the jaw usually occurs in 5 minutes, and during this time additional pentothal sodium can be given if needed to maintain sleep. As soon as consciousness is lost, oxygen is administered by the semiclosed system. Intubation is performed by the oral route, the tube is secured to the patient's face with adhesive tape and then attached to the anesthetic machine by suitable connectors for closed system anesthesia. A mixture of 75% nitrous oxide and 25% oxygen is then used to keep the patient in the first or second plane of the third stage of anesthesia. Adequate relaxation is usually obtained by the addition of 20 to 40 units of Intocostrin every 30 to 45 minutes.

The advantages of the curare method of anesthesia for major surgery are: (1) A rapid, smooth induction with the absence of struggling. (2) Due to the good relaxation of the jaw and pharyngeal muscles, the intratracheal tube is easily

passed. (3) A light plane of anesthesia is maintained, minimizing the shocking effects of the anesthetic. (4) Quiet respiration and complete muscular relaxation obtained. (5) Rapid recovery from the anesthetic because of the light plane of anesthesia used, as well as the short duration intravenous agents (pentothal). Emergence excitement is rare. (6) Elimination of the explosion hazard by the use of nonexplosive anesthetic agents.—*"The Use of Curare in Anesthesia in a United States Hospital,"* by Charles W. Reynolds. *U. S. Naval Medical Bulletin*, Sept.-Oct. 1948, pp. 668-681.

E. J. S.

THE DENTAL HEALTH PROBLEM

The National Health Assembly of 1948 was called, at the request of President Truman, by Mr. Oscar Ewing, Administrator of the Federal Security Agency. The purpose of the Assembly was to develop feasible national health goals for the next ten years. Approximately eight hundred delegates, representing nearly all groups interested in health, were invited to attend.

The preliminary organization of the Assembly had, in addition to the dental health section, other sections including professional personnel, hospital facilities, local health units, research, medical care and environmental sanitation. A steering committee was appointed for each section. Forty-eight persons, including thirty-three dentists, one physician, one dental hygienist, one dental educator and twelve lay representatives, were invited to participate in the Dental Health Section meetings. In addition, from one to five representatives were invited to attend each of the other sections.

The specific purposes of the Dental Health Section were: "To consider the need for dental health services and

methods of closing the gap between needs and dental care; the number of dentists and auxiliary personnel required, the existing provisions for recruitment and training of such personnel, how they may be augmented, and how better geographic distribution may be effected; and what measures are necessary to bring about an expansion in dental research and in the facilities for conducting such research." To meet these objectives, the Steering Committee, approximately five weeks in advance of the Assembly, outlined six major topics for study and discussion and organized the Dental Health Section into a working unit with six subcommittees to which these discussion topics were assigned.

The topics proposed for study and discussion included: (1) The dental health problem: nature, prevalence and relations of dental diseases. (2) Status of procedures for prevention and control of dental diseases. (3) Status of dental health education. (4) Public dental health programs. (5) Financing dental health care on an individual and public basis. (6) Status of dental personnel.

In advance of the Assembly, members of each subcommittee gave serious study to the particular topic assigned to them and each subcommittee presented a concise summary to the Dental Health Section. During the four-day meeting of the Assembly, the Dental Health Section studied its problems and formulated recommendations for presentation to the General Assembly.

CONCLUSIONS

The most logical and effective means of ultimately bringing better dental health to the American people is adequate dental service for children. The broadest possible application of recognized preventive and control measures should be made early in life so that the later needs for dental services are reduced to a minimum. Yet it must be recognized that the solution of the dental health problem in this country also includes the prevention and control of dental diseases among adults.

PRINCIPLES FOR DENTAL HEALTH PROGRAMS

A program for the achievement of dental health goals in the next decade, therefore, should be based on the following principles: (1) Research. Adequate provisions should be made for research which may lead to the prevention or control of dental diseases. (2) Dental Health Education. This should be included in all basic educational and treatment programs for children and adults. (3) Dental Care. This should be available to all as rapidly as resources permit. Programs developed for dental care should be based on prevention and control of dental diseases. Dental health is the responsibility of the individual, the family and the community in that order. When this responsibility, however, is not assumed by the community, it should be assumed by the State and then the Federal government. The community in all cases should determine its methods of providing service. (4) Participation in Program Planning. In all conferences that may lead to the formation of a plan for dental research, dental health education and dental care, there should be participation by authorized representatives of the dental profession.

Research. The Federal Government should make provision for expanded research in the field of dental health. It should also make funds available for planning and conducting studies seeking to evaluate various types of dental care programs for such groups as school children, the indigent, low income groups, and residents of rural areas.

Dental Health Education. Further experimentation on the part of all agencies in the technics of dental health education is essential and additional courses should be provided in all institutions that train personnel in the fields of health and education.

Dental Health Services. The dental profession should utilize to the fullest extent the following measures of prevention and control together with such extensions as advancing dental science

(Continued on page 23)

Minutes of the Regular Meeting of the Chicago Dental Society

November 16, 1948

North Ballroom—Stevens Hotel

The second regular monthly meeting of the current series was called to order by President Wells at 8:15 p.m.

Since many of the members of the Society had not yet received the issue of *The Fortnightly Review*, President Wells asked the Secretary to read the minutes of the regular meeting of October 19. Following the reading of these minutes by Secretary Brett, a motion was regularly made and severally seconded that the minutes be approved as prepared by the Secretary.

Reports of boards and standing committees—none.

Reports of special committees—none.

Unfinished business—none.

New business:

The following amendment to the Constitution and By-Laws of the Society as presented by Dr. B. P. Davidson was read by Secretary Brett:

"The annual dues of the active members shall be ten dollars (\$10.00). . . . The statement of dues to the Society shall include the following: 'One year's dues, ten dollars (\$10.00).' . . ."

President Wells announced that this

proposition, in accordance with the By-Laws, would be considered at the next regular meeting of the Society and that it would be published in the December 1 issue of *The Fortnightly Review*.

Dr. Warren Willman, Chairman of the Monthly Program Committee, was then introduced by President Wells. Dr. Willman announced that the next meeting of the Society would be held on December 21 and that Majorie Shearon, Ph.D., would discuss "Social Security Dentistry in a Program of National Compulsion."

Dr. Willman then presented Dr. LeRoy M. Ennis, who spoke on "Interpretation of Roentgenograms of Interest to the General Practitioner." At the conclusion of this discussion by Dr. Ennis, Dr. Willman, on behalf of the membership of the Society, thanked him for his most interesting presentation.

There being no further business, President Wells adjourned the meeting at 9:30 p.m.

Approximately 300 members and guests were in attendance.

Respectfully submitted,

Arno L. Brett, *Secretary*.

NEWS OF THE BRANCHES

WEST SIDE

By the time you read this, our December 14 meeting will be a thing of the past. As it was our Clinic Night, it will have been one of the big events of the year for our Branch. You will get a full coverage of this event in the next issue. . . . Our next and fourth meeting will be held on January 11 at the Midwest Athletic Club as usual. Dr. Otto W. Silberhorn, the pre-dinner speaker, will continue his postgraduate course on "Fixed Bridge Construction" and will give us his technic for developing gold crowns to fit accurately. You really miss something worth while if you fail to attend these lectures. Dinner in our usual Victor Hogstrom style will be at 7 p.m. At about 8 o'clock our Program Chairman, Walter Kelly, will introduce Dr. Bob Placek who will tell us how to make perfect inlays by his famous speed technic. From all reports he really has something. Then, don't go away too soon, because refreshments are always served as a finale. . . . Harold Epstein, our Forum chairman, is working hard and succeeding in making these Forum meetings really worth while. Come out to the next one at noon on December 21 at the West Side Steak House, 3929 W. Madison Street, and hear Marvin Chapin talk about postoperative surgery. The January 4 meeting promises to be good also. Speaker to be announced later. Watch this column. . . . Robert Tuck is hoping his wife will return home soon as all the dishes are used up. . . . John Reilly recently returned from duck hunting at Grass Lake. . . . George Walls has hung up his golf clubs and is back working for the winter season. . . . George Frost is spending some time in Florida. While he is away his son Robert (who, by the way, was just married) will take over the office. . . . Leo Cahill is very busy these days breaking in his new Chrysler. . . . Jim Dillon bowled a 300

grace the other night. He is one in ten thousand. . . . Chick Vission and Al Sells went to St. Louis over Thanksgiving. . . . Carl Weiss stayed home for the holiday and had guests in for goose. . . . Bill Whittaker's father from Springfield was his guest for the Thanksgiving week end. . . . I am glad to report that Bill Ashworth continues to show improvement.—*Irvin C. Miller, Branch Correspondent.*

WEST SUBURBAN

Arrangements have been made by Bernie Siegrist for the January 4 meeting at the Oak Park Club. A sound movie, "Wheels Across India," will be shown after the meeting. This is a story of the Dennis Roosevelt expedition in search of a lost tribe of snake worshippers. This film, they tell me, is something to see, so don't miss it. . . . I want to thank Bob Sirimarco for taking over the column last issue. You did a nice job, Bob. Hope we can use you again. . . . Everybody seems to be as busy as ever, and from all reports all the members are well, and this, especially after Thanksgiving, is quite a record. . . . My phone is in working order for all calls, especially pertaining to news of the Branch. Let's hear from you fellows.—*E. G. Walters, Branch Correspondent.*

KENWOOD-HYDE PARK

To each of you and those dear to you, Chet Blakeley and his officers express their best wishes for a very Merry Christmas and a New Year of health and prosperity. Resolved: that the New Year will find each of you in attendance at our meetings. . . . Children's Dentistry will be the topic for the January 4 meeting. Dr. George Teuscher, head of the Children's Dentistry Department at Northwestern University Dental School, will present a paper on "Children's Den-

tistry for the General Practitioner." Dr. Teuscher is an outstanding essayist of national repute and always has an extremely interesting and practical presentation. So be on hand January 4 to spend a worthwhile evening. . . . While on the subject of children's dentistry, our own Stan Korf has successfully passed the specialist examination in Pedodontia and has become the fourth licensed practitioner in that field of specialization in this state. Congratulations, Stan, and much success. . . . Mayor Bressler of Palos Park has been "on the go" again. This time he drove down to Cairo, Hot Springs and St. Louis over the Thanksgiving holiday. . . . Correction as to the locale of Walt Dundon's hunting trip. It was Elcornado Ranch, sixty miles north of Douglas, Arizona, instead of Jackson Hole. Instead of getting mountain lion and bear, Walt brought back a mule deer. Walt with eleven others flew from Memphis to Douglas in a chartered D.C.4 and really had a swell time. I am afraid that Wayne Fisher will have to wait a while for that bear skin. Walt was to have brought back. Just no bear to shoot—therefore no bear skin. You couldn't use a mule deer skin or head for your library instead, could you, Wayne? Go into a huddle with Walt. . . . Flash! Stan Wrobel is the proud papa of a baby boy—7 lb. 12 oz.—born Thanksgiving day. Mother and son are fine, and father Wrobel, though a little weak, is coming along. Don't forget those cigars, Stan. . . . Everything happens at 1305 E. 63rd. Mrs. Kreiner, wife of our hard working secretary, won a turkey in the raffle at the building. . . . For dinner reservations, call Stan Wrobel, the new father, at PLaza 2-6020. . . . Any news, please call me at SOuth Chicago 8-1823. . . . Please send in your check for the A.D.A. seals.—*Elmer Ebert, Branch Correspondent.*

NORTH SIDE

At this writing many North Siders are looking forward to the holiday season and some time away from the office.

Others have taken advantage of the recent hunting season and have been bagging pheasant, quail and duck. . . . Dan Beshoar had good pheasant shooting in South Dakota, but did not find quail plentiful in Indiana. . . . Our next meeting on December 6 with Dr. G. W. Rapp of Loyola should prove enlightening and interesting from the standpoint of dental therapeutics. His topic, "Truth Versus Nonsense in Advertised Drugs," should bring to light fallacies regarding present-day advertising. . . . Heard from various North Side committee members that plans for the Midwinter Meeting are progressing satisfactorily and that we should have the finest meeting ever. . . . Ed Luebke, back from a hunting trip in Wisconsin, tells me that he ran into the worst blizzard in years. Out of the ten hunters in the party, Ed was the only one who bagged a buck. Good shooting, Ed. . . . Hear that Art Blim is not back at work yet, and that he has been to Mayo's. We're all pulling for you, Art. Hurry up and get well. . . . Hope to see everyone out for the meeting on December 6, especially some of you who haven't put in an appearance for some time.—*Lyle Aseltine, Branch Correspondent pro tem.*

NORTHWEST SIDE

With the indigestion and discomfort of too much turkey finally overcome, we can now settle back into our routine until the Christmas and New Year Season arrives. . . . Despite phone calls and letters to many of the Branch members, it has been almost impossible to assemble enough news to keep this column going. Maybe we should run it like a quiz show and offer prizes to the members we call for news. . . . We hope you're all making plans now to attend our big January meeting. The entire program will deal with Dental Health Education under the able guidance of our enthusiastic chairman, Ed Friedrich. This meeting will be held at North Park College, Kedzie and Foster Avenues, on Tuesday, January 11, at 8:30 p.m. We shall have

as our guests the presidents of all the P.T.A. groups in this area and all the principals of the schools. Be sure to come out so we can show these representatives that we are vitally interested in this subject. Watch for further details of this important meeting. . . . Sorry to report that Glenn Cartwright has been ill, but hope that he is well on the road to recovery by now. . . . The members of the Branch extend their sincerest condolences to the family of Dr. Martin R. Lindaas, who passed away on November 14. . . . Max Ungar spent the Thanksgiving week end with his family and a party of friends at Turkey Run, Indiana. . . . Thad Olechowski and Fred Ahlers bumped into each other at the Garfield Park Conservatory where they were attending the 'Mum Show. . . . Best wishes to Johnny Gates who recently redecorated and re-equipped his office and also celebrated a wedding anniversary. Johnny and his wife were the guests of the Joe Ulis family with Cas Rogalski and his wife also present. . . . Congratulations also to Stan Broniarczyk and his wife who recently celebrated a wedding anniversary. . . . Sorry we're a bit late with the news that Jerry Rund moved his office to a new location.—*Toby Weinshenker, Branch Correspondent.*

NORTH SUBURBAN

The only news item in the whole North Suburban area in the post-Thanksgiving, pre-Christmas doldrum is one which we have been neglecting, awaiting a suitable opportunity for publication. Our friend and colleague, Commander Art Gilbert, of the Winnetka Gilberts, is currently presenting several canvases at the Stevens Hotel. An artist of rather widely-known ability and talent, he is apparently as much at home with brush and easel as with plugger and amalgam. He is also as much at home in the Navy, which for our money he may have. We feel that this display might serve as an inspiration to tired dentists in search of an avocation or a hobby, or to those who would be happier

if their artistic efforts were exhibited in a hall instead of the men's wash room. At any rate, Commander Gilbert's work may be seen during the Midwinter Meeting, if not before. . . . If anyone is still reading and wondering why there is never much news in this (pardon the expression) news column, the following is the report of a special senate investigating committee (investigation undoubtedly conducted before the last election): When we took this position, our sponsor Bill Rusch told us there was nothing to it, that we had at least a dozen sharp characters who would get the news and we would merely report it. Following is a complete list of these news hawks, together with *all* the material furnished us by them in the last few months, or any similar period. It may even come as a mild surprise to some of those mentioned that our literary life is in their hands and they are slowly pressing it out under their thumbs (their amalgam thumbs)—Al Bushey, Earl Christie, Jim Fonda, Al Fonder, Elmer Hill, Wally Poyer, Ralph Sappe, Vic Sleeter, Al Wurth and Francis Yager. We omitted our helper, Bill McGuire, but will mention him next time if he doesn't get hot. Ten to one this last paragraph is deleted by our busy little editor. . . . Well, men, the next issue should be a helluva lot newsier and so Merry Christmas to our entire staff and to all of you.—*Grant A. MacLean, Branch Correspondent.*

ENGLEWOOD

At this opportune moment, President Lindholm and his administration and all the correspondents wish you all a very Merry Christmas. . . . Outside of the yearly hustle and bustle of Christmas shopping and holiday planning, news from our constituents is at a low ebb. Nevertheless, there are some items which are of interest. . . . Seen at the University of Illinois at the Cancer Control Symposium were such Englewoodians as Henry Fonjemie, Vince Milas, Isaac Pomerance and Ted Melcarek. . . . Ray Bartz has been named as a co-chairman

of the Class of '42 at Loyola. They are holding a reunion in the near future. . . . John Gapsis of Archer Avenue has declared this to be a Holiday Season and has left for Florida until January 3. . . . Adam Wcislo is really sold on his new Nash. . . . Thomas Cayley has resumed practice after a prolonged illness. His new location is at 4055 Archer Avenue. . . . Andrew Potempa had his father and his son with him to celebrate their mutual birthday which fell on November 30. . . . The Branch extends condolences to the family of Bruno Uezen for the loss of a baby daughter at birth. . . . Joe Propati has been made a chairman of the Class of '43 at Loyola for their reunion. He wants all the cooperation possible from his classmates to make this a success. . . . For a Christmas gift the correspondents would appreciate a little cooperation in the gathering of news items for this column. So if you want to make us happy, there's your opportunity. Your next correspondent is John S. Boersma, 10657 S. Wentworth, phone COMmodore 4-4151.—*T. B. Gasior, Assistant Branch Correspondent.*

FACTORS INVOLVED IN THE FIXED BRIDGE

(Continued from page 12)

number of solder joints, and the insertion of clasp metal wire into seats between the parts to be soldered will add materially to the strength of the joint, and, if soldering to a slice is contemplated, make it wide enough so solder isn't directly on the margin allowing for proper finish and future cleansing.

If the dentist is sincere and conscientious to his responsibilities, he should insist on seeing his bridge patients often so as to be able to check the occlusion, and especially to impress the patient with the important role that oral hygiene plays in the longevity of the restoration.

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QUOTATIONS AND ABSTRACTS

(Continued from page 18)

may reveal: (1) Routine prophylaxis and examinations. (2) Topical applications of sodium fluoride. (3) Utilization of diagnostic aids, such as lactobacillus counts. (4) Completion of all indicated dental treatment. (5) Full utilization of preventive orthodontics. (6) Development of programs to combat environmental hazards associated with occupations.

Financing Dental Health Care. When indicated by needs established at the local level, Federal and State governments should participate in the financing of dental programs. Federal compulsory health insurance should not be employed as a means of providing dental health care.

Dental Personnel. To offset current shortages of dental personnel, Federal aid should be granted dental schools in the form of scholarships and fellowships and dental schools should be operated at full capacity. Federal grants should be made available for the construction and equipment of dental facilities and for assistance in maintenance and operation. Federal aid should not supplant but should augment state, regional and private support of dental schools. In all cases Federal grants should not imply any form of intervention in the management or control of the recipient institution. Additional courses should be established for the training of dental hygienists, assistants and technicians under the auspices of accredited dental schools. In any program for the procurement of additional dental services for the population, present standards of dental practice should not be reduced.—*Abstracted from "Report of Dental Health Section, National Health Assembly." May 1-4, 1948. (Editor's Note: These are, in brief, the recommendations made by the Dental Section to Mr. Ewing, but he is in no way bound to abide by them. In fact he has indicated in recent interviews that his mind was made up even before the Assembly was convened.)* J. H. K.

DIRECTORY CHICAGO DENTAL SOCIETY

Central Offices: 30 N. Michigan Ave., Chicago 2, Ill., Telephone STate 2-7925

Kindly address all communications concerning business of the Society to the Central Office

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(Continued from page 8)

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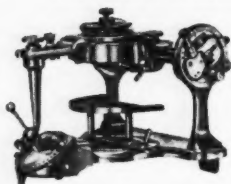
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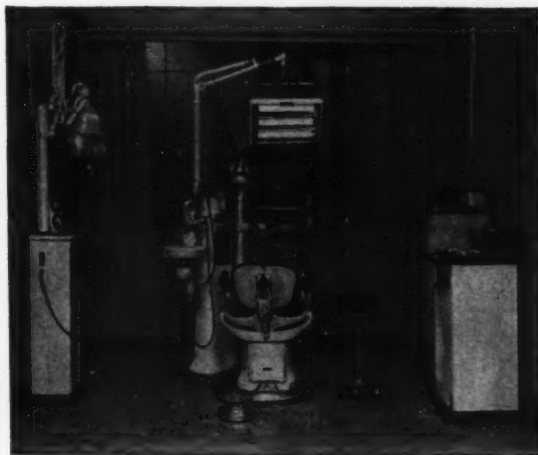
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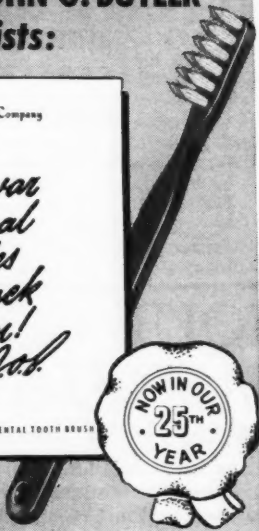
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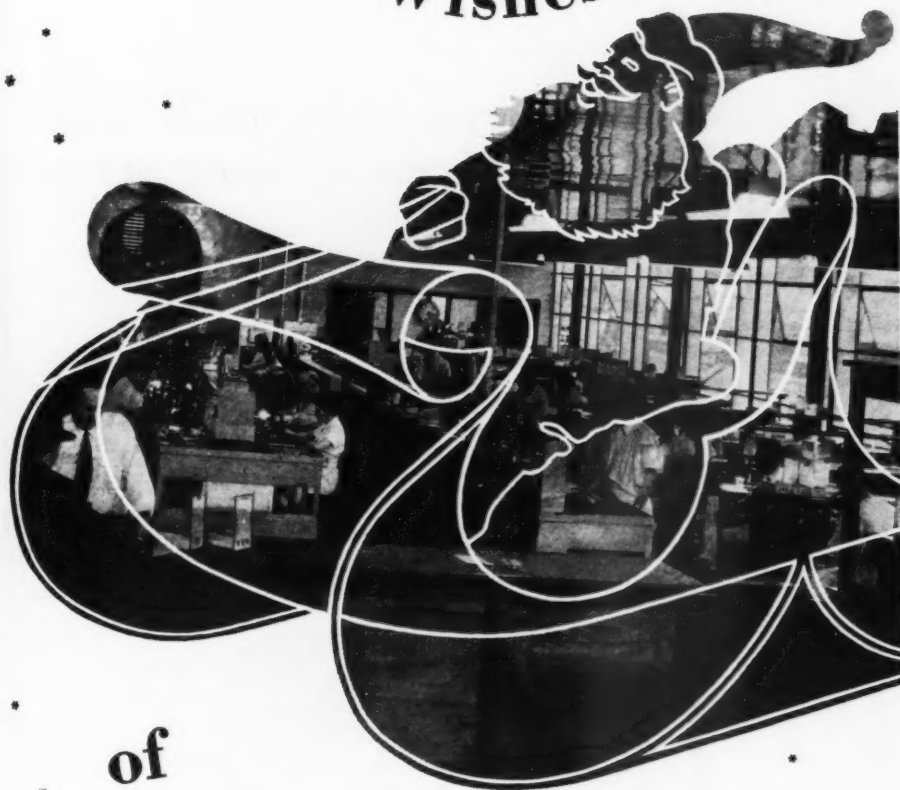


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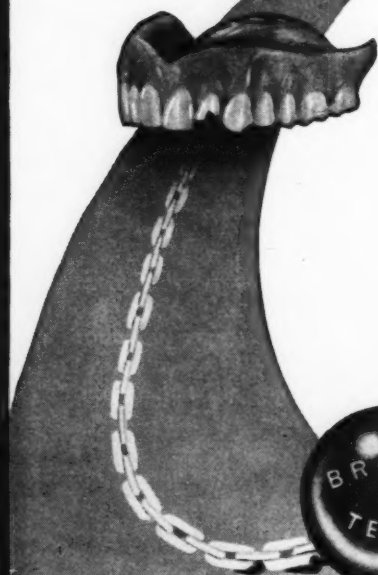
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